

BEST AVAILABLE COPY

MULTIPLE DEPEN^{ENT} CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/936 231

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/		1					
TOTAL DEP.	9		7					
TOTAL CLAIMS	10		8					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS